

FEC FORM 2
STATEMENT OF CANDIDACY

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SECRETARY OF THE SENATE
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1. (a) Name of Candidate (in full) Kirsten Elizabeth Gillibrand		
(b) Address (number and street) 52 East Road		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Brunswick NY 12180		2. Candidate's FEC Identification Number SONY00410
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
		6. State & District of Candidate NY 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Gillibrand for Senate		
(b) Address (number and street) 236 Massachusetts Ave. NE Suite 110		
(c) City, State, and ZIP Code Washington DC 20002		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Texans for a Progressive Senate		
(b) Address (number and street) 426 C Street NE		
(c) City, State, and ZIP Code Washington DC 20002		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date January 16-2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Grassroots Victory Fund

(b) Address (number and street)

15 W. 26th Street
Suite 4R

(c) City, State and ZIP Code

New York

NY

10010

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Minnesota New York Washington Victory Fund

(b) Address (number and street)

426 C Street NE

(c) City, State and ZIP Code

Washington

DC

20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

New York Senate 2012

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State and ZIP Code

Washington

DC

20002

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Moderate Senate 2012

(b) Address (number and street)

426 C Street NE

(c) City, State and ZIP Code

Washington

DC

20002

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

[ADDITIONAL]

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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